FORM D

SEG Mail Processing Section

MAR 1 62009

Washington, DC 101

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

TEMPORARY FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

146041	17
ОМВ	APPROVAL
OMB Number	: 3235-0076
Expires: Mai	rch 31, 2009
Estimated Ave	
SEC	USE ONLY
Prefix	Serial
DATE	RECEIVED

Name of Offering: DOUBLE EAGLE CAPI	TAL ACE FUND L	P- Series B Lim	ited Partnersh	ip Interests
Filing Under (Check box(es) that apply):	□ Rule 504	☐ Rule 505	Rule 506	Section 4(6) THOE
Type of Filing:	New Filing	☐ Amendment		
		ASIC IDENTIFICA	TION DATA	
1. Enter the information requested about the iss				
Name of Issuer (☐ check if this is an amo		s changed, and indicate	ate change.)	I INTERNIT PRINCE CONTROL TO THE PRINCE CONT
DOUBLE EAGLE CAPITAL ACE FUND LI	· · · · · · · · · · · · · · · · · · ·			09038370
Address of Executive Offices	(Number	and Street, City, Stat	e, Zip Code)	Telephone Number (Including Area Code)
909 Lake Carolyn Parkway, Suite 1825, Irving,	Texas 75039			(972) 869-6880
Address of Principal Business Operations	(Number	and Street, City, Stat	e, Zip Code)	Telephone Number (Including Area Code)
Brief Description of Business: To operate as	a Delaware mult	i-series limited p	artnership.	
Type of Business Organization				
☐ corporation	☑ limited partner	ship, already formed	□ ∘	ther (please specify):
☐ business trust	☐ limited partner	ship, to be formed		
		Month	Yea	r
Actual or Estimated Date of Incorporation or Or	ganization:	0 5	0	5 Extimated
Jurisdiction of Incorporation: (Enter two-letter	U.S. Postal Service A	bbreviation for State:		
	; FN for other foreign			
	J	•		D E

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 100 F Street, N.E., Washington, D.C. 20549.

Copies Required: Two (2) copies of this notice must be filed with the SEC, one of which must be manually signed. The copy not manually signed must be a photocopy of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

		A. BASIC IDENT	IFICATION DATA			
2. Enter the information	n requested for the fo	llowing:				
•		has been organized within the p	· · · · · · · · · · · · · · · · · · ·			
			vote or disposition of, 10% or m			urities of the issuer;
 Each executive office 	er and director of cor	porate issuers and of corporate	general and managing partners	of partnership issue	ers; and	
Each general and m	anaging partner of pa					
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☒ Investment Manager	☐ Director	<u> </u>	General and/or Managing Partner
Full Name (Last name first, if i	ndividual)					
DOUBLE EAGLE CAPITAL	MANAGEMENT L	P (the "General Partner" or the	ne "GP")			
Business or Residence Address	(Number and Stree	t, City, State, Zip Code)				
909 Lake Carolyn Parkway, Su	ite 1825, Irving, Texa	as 75039				
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director		General and/or Managing Partner
Full Name (Last name first, if i	ndividual)					
DOUBLE EAGLE CAPITAL	LLC (the General F	Partner of the GP)				
Business or Residence Address	(Number and Stree	et, City, State, Zip Code)				
c/o Double Eagle Capital Mana	agement LP, 909 Lake	e Carolyn Parkway, Suite 1825	, Irving, Texas 75039			
Check Box(es) that Apply:	⊠ Promoter	☐ Beneficial Owner	✓ Manager of the General Partner	☐ Director of the GP		General and/or Managing Partner
Full Name (Last name first, if it KUEHNE III, ERNEST WII	,					
Business or Residence Address		et, City, State, Zip Code)				
c/o Double Eagle Capital Mana	agement LP, 909 Lake	e Carolyn Parkway, Suite 1825	, Irving, Texas 75039			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	0	General and/or Managing Partner
Full Name (Last name first, if	ndividual)					
Business or Residence Address	(Number and Stree	et, City, State, Zip Code)				
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director		General and/or Managing Partner
Full Name (Last name first, if	ndividual)					
Business or Residence Address	S (Number and Stree	et, City, State, Zip Code)				
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director		General and/or Managing Partner
Full Name (Last name first, if	individual)					
Business or Residence Address	S (Number and Street	et, City, State, Zip Code)				
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director		General and/or Managing Partner
Full Name (Last name first, if	individual)					
Business or Residence Addres	s (Number and Stree	et, City, State, Zip Code)			· · · · · · ·	

				(Use bla	nk sheet, o	r copy and i	use addition	nal copies o	f this sheet,	as necessa	ry.)			
								_						
					В. І	NFORM <i>A</i>	TION A	BOUT O	FERING	1				
													Yes	No
1.	Has the issue	sold, or do	es the issue	er intend to	sell, to non	-accredited	investors i	n this offeri	ng?					X
					Answer	also in App	endix, Col	umn 2, if fi	ling under l	JLOE.				
2.	What is the m	iinimum in	vestment th	at will be a	ccepted fro	m any indiv	vidual?						\$ <u>1,000</u>	<u>* 000,</u>
													Yes	No
*(A	ny lesser an	ount is a	it the sole	discretio	on of the	General .	Partner.)							
3.	Does the offer	ring permit	joint owner	rship of a s	ingle unit? .								X	
4.	Enter the info solicitation of registered wit a broker or de	f purchaser h the SEC	s in connectand/or with	tion with s a state or s	sales of sec states, list th	urities in the name of	he offering the broker	. If a perso or dealer. I	on to be lis	ted is an a	ssociated p	erson or ago	ent of a brok	er or dealer
Full	Name (Last na	me first, if	individual)											
NON	JE.													
	ness or Reside	nce Addres	s (Number	and Street,	City, State,	Zip Code)		······································	 					
Nam	e of Associated	d Broker or	Dealer						· · · · · · · · · · · · · · · · · · ·					
State	es in Which Pe	rson Listed	Has Solicit	ed or Inten	ds to Solici	t Purchaser	s							
	(Charle "All S	!totoo!!	المعاد السطانية	dual Ctatas									🗖 Ali S	tatos
	(Check "All S	[AK]	neck individ	auai States;	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	All S	tates
	[IL]	[IN]	[IA]	[KS]	[KY]	[CO]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
	[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
Full	Name (Last na	me first, if	individual)											
Busi	ness or Reside	nce Addres	s (Numbe	r and Stree	t, City, Stat	e, Zip Code	e)							
Nam	e of Associated	d Broker o	Dealer			<u></u>							-	
State	s in Which Per	rson Listed	Has Solicit	ed or Inten	ds to Solici	t Purchaser	s	·*··						
													🗖 All S	tatas
	(Check "All S	[AK]	neck individ	Juai States)	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	iaics
	(IL)	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
	[MT]	(NE)	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
Full	Name (Last na	me first, if	individual)											
Busi	ness or Reside	nce Addres	s (Numbe	er and Stree	t, City, Stat	e, Zip Code	e)							
Nam	e of Associated	d Broker or	Dealer											
State	es in Which Pe	rson Listed	Has Solicit	ed or Inten	ds to Solici	t Purchaser	s							
														tates
	(Check "All S	[AK]	neck individ	Juai States)	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	All 3	nates
	[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
	[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
	וומז	[00]	[CD]	LULY II	(TV1	ET ITTE	(MT)	TX7A3	[N / K]	[33/3/]	F33/13	rwv1	[PP]	

[TN] [TX] [UT] [VT] [VA] [WA] [WV] [V (Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE	OF PROCEEDS	
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \square and indicate in the columns below the amounts of securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price (1)	Amount Already Sold (2)
	Debt	\$	\$
	Equity	\$	\$
	☐ Common ☐ Preferred	,	
	Convertible Securities (including warrants)	\$	\$
	Series B Partnership Interests	\$500,000,000	\$13,007,732
	Other (specify)	\$	\$
	Total	\$500,000,000	\$13,007,732_
	Answer also in Appendix, Column 3, if filing under ULOE.	<u> </u>	
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number investors (2)	Aggregate Dollar Amount of Purchases (2)
	Accredited Investors	16	\$ <u>13,007,732</u>
	Non-accredited Investors	0	\$ 0
	Total (for filings under Rule 504 only)	N/A	\$ N/A
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
	Type of offering		Dollar Amount
	Rule 505	Type of Security N/A	Sold \$ N/A
	Regulation A	N/A	\$N/A
	Rule 504 Total	<u>N/A</u> N/A	\$ <u>N/A</u> \$ N/A
	1041		Φ
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees.	П	\$ -0
	-	_	
	Printing and Engraving Costs	_	\$ <u>-0-</u>
	Legal Fees	X	\$_20,000
	Accounting Fees	X	\$ <u>5,000</u>
	Engineering Fees		\$0
	Sales Commissions (specify finders' fees separately)		\$ -0-
	Other Expenses (identify) Blue Sky filing fees	X	\$ 5,000
	Total	🗵	\$ 30,000 (3)
(2)	The maximum aggregate offering price is estimated solely for the purpose of this filing. The number of investors may include sales to U.S. and non-U.S. persons. Reflects an estimate of initial costs only.		

C. OFFERING PRICE, NUM	BER OF INVESTORS, EXPENSES AND US	E OF PROCEEDS	
b. Enter the difference between the aggregate offering total expenses furnished in response to Part C - Question to the issuer."	4.a. This difference is the "adjusted gross proceeds	\$ <u>499,97</u>	0,000
 Indicate below the amount of the adjusted gross proceeds the purposes shown. If the amount for any purpose is not left of the estimate. The total of the payments listed must forth in response to Part C - Question 4.b above. 	known, furnish an estimate and check the box to the		
		Payments to Officers, Directors, and Affiliates	Payments to Others
Salaries and fees		S \$ (4)	□ \$
Purchases of real estate		S	□ \$
Purchase, rental or leasing and installation of machinery a	nd equipment	□ \$	□ \$
Construction or leasing of plant buildings and facilities		S	□ \$
Acquisition of other businesses (including the value of sec may be used in exchange for the assets or securities of and		□ \$	□ \$
Repayment of indebtedness		□ \$	□ \$
Working capital		\$	□ \$
Other (specify): Portfolio Investments		□ \$	× \$499,970,000
Column Totals		× \$ (4)	× \$499,970,000
Total Payments Listed (column totals added)		⊠ \$ <u>49</u>	9,970,000
	D. FEDERAL SIGNATURE		
The issuer has duly caused this notice to be signed by the under an undertaking by the issuer to furnish to the U.S. Securities an non-accredited investor pursuant to paragraph (b)(2) of Rule 50	d Exchange Commission, upon written request of its st	der Rule 505, the follo	wing signature constitutes nished by the issuer to any
Issuer (Print or Type)	Signature	Date	
Double Eagle Capital Ace Fund LP	CAW, WI	Marel	(12,2009
Name of Signer (Print or Type) BY: DOUBLE EAGLE CAPITAL MANAGEMENT LP, THE GENERAL PARTNER BY: DOUBLE EAGLE CAPITAL LLC,	Title of Signer (Print or Type)		
THE GENERAL PARTNER BY: ERNEST WILLIAM "TRIP" KUEHNE, MANAGER	Manager of Double Eagle Capital L General Partner of the Issuer	LC, the General	PARTNER OF THE

(4) Double Eagle Capital Management LP is entitled to receive a management fee and a performance allocation. The management fee and the performance allocation are discussed in greater detail in the Issuer's confidential offering materials.

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	· · · · · · · · · · · · · · · · · · ·	E. STATE SIGNATURE			
· · · · · · · · · · · · · · · · · · ·		D. STATE SIGNATURE		Yes	No
1. Is any par	ty described in 17 CFR 230.262 presently subject to a	nny of the disqualification provisions of such rule?			
	See Appendix	c, Column 5, for state response. NOT APPLICABLE			
	rsigned issuer hereby undertakes to furnish to any sta s as required by state law.	te administrator of any state in which this notice is file	ed, a notice on Form	n D (17 CFR	239.500) a
3. The unde	rsigned issuer hereby undertakes to furnish to the state	e administrators, upon written request, information fur	nished by the issue	r to offerees.	
(ULOE)	rsigned issuer represents that the issuer is familiar woof the state in which this notice is filed and understaditions have been satisfied. NOT APPLICABLE	ith the conditions that must be satisfied to be entitled ands that the issuer claiming the availability of this ex-	to the Uniform linkemption has the b	nited Offering urden of estal	g Exemptio olishing tha
The issuer has person.	read this notification and knows the contents to be tru	e and has duly caused this notice to be signed on its be	ehalf by the undersi	gned duly aut	horized
Issuer (Print or	Type)	Signature	Date		
Double Ea	GLE CAPITAL ACE FUND LP	Title (Print or Type)	March	11,0	LUJ9
THE GI BY: DOUBL THE GE	Type) E EAGLE CAPITAL MANAGEMENT LP, ENERAL PARTNER E EAGLE CAPITAL LLC, NERAL PARTNER 'WILLIAM "TRIP" KUEHNE, MANAGER	Title (Print or Type) AMANAGER OF DOUBLE EAGLE CAPITAL L. GENERAL PARTNER OF THE ISSUER	LC, THE GENER	al Partne	R OF THE

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.